

Self-Study Video Course Evaluation

Please give us your candid opinions concerning the training you've just completed. Your evaluation of the self-study video course is important to us, and will help us provide the best possible products and services to you.

Course title/number: _____

Date: _____

Number of years of FAA experience: _____

Name: *(optional)

Routing Symbol:

For the following, please completely darken the circle appropriate to your response.

	Very Good	Good	Average	Poor	Very Poor
1. Length of course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Depth of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Pace of training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Clarity of objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Sequence of content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Quality of course materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Quality of graphics/visual aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Readability of text on monitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very Good	Good	Average	Poor	Very Poor
9. Effectiveness of instructor(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. SKIP					
11. Applicability of material to your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Overall quality of the course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Overall effectiveness of the self-study video format	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Would you like to take other Video courses?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> UNDECIDED		
If not, why not?					
15. Rate your level of knowledge of the topic before and after taking this self-study course.					
	Very Low	Low	Moderate	High	Very High
BEFORE THE COURSE:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AFTER THE COURSE:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Additional comments:					

**PLEASE SEND THIS COMPLETED FORM TO YOUR
DIRECTORATE/DIVISION TRAINING MANAGER (ATM).**

***IF THIS COURSE IS AVAILABLE FOR CREDIT, YOU MUST INCLUDE YOUR
NAME AND RETURN THE FORM IN ORDER TO RECEIVE CREDIT ON YOUR
TRAINING HISTORY**